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ABSTRACT

This digest examines the preparation of classroom teachers in health, noting what teachers should know to effectively provide school health education. Most states and school districts require some health education. Health is generally taught by regular classroom teachers in elementary school, by classroom teachers with some health certification in middle school, and by teachers with health credentials in high school. Few states require coursework in health for prospective elementary teachers, while one half of the states require it for middle school teachers. Lack of teacher preparation is a major obstacle to implementing high quality school health education. Several factors hinder teacher preparation in health, including lack of time in the preservice curriculum and emphasis on standardized testing. Standards for teacher preparation in health education include: provide elementary teachers with strategies for infusing health instruction into the curriculum and for laying the groundwork for intensive middle school health education, and include content and process courses in health education within all teacher preparation programs. Competencies in health education recommended for elementary, middle, and special education teachers include the ability to incorporate health concepts into other curricular areas and to select and use valid and reliable sources of health information. (Contains 12 references.) (SM)

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Preparing Classroom Teachers For Delivering Health Instruction

Liane M. Summerfield

Children's health and learning are unquestionably linked. Healthy children are more able to learn and achieve academic success. According to one study comparing students at low and high risk for food insufficiency, students who were undernourished scored lower on math tests, were more likely to have been suspended from school, and had more problems getting along with others (Alaimo, Olson, & Frongillo, 2001). Conversely, schools that offer physical education and health education produce students with higher scores on tests of reading, writing, and mathematics; higher grade point averages; and better attendance than comparable schools without an emphasis on health (Improving Academic Performance, 2000).

Schools are often described as being ideal environments for teaching children about health because they provide access to large numbers of children, are staffed by professionally trained educators and nurses, and frequently offer services that promote health, such as nutrition programs and health centers. This digest examines the preparation of classroom teachers in health and what teachers should know to effectively provide school health education.

Who Teaches Health?

About 90% of the states and school districts in the United States require some health education for students (Marx, 2001, in press). Fewer than 20% of states and districts require health to be taught as a separate subject at the elementary level; 28-44% require a separate subject at the middle school level; and more than half require a separate subject in high school.

In U.S. elementary schools (grades kindergarten through 5 or 6), health education is most commonly taught by regular classroom teachers rather than trained health education specialists. In middle schools (grades 6-8), health is often taught by regular classroom teachers who have obtained certification in health, science, home economics, or physical education. At the high school level (grades 9-12), health education is most often taught by teachers with a health credential. According to the results of the School Health Policies and Programs Study (2000), health education specialists are the only teachers who teach required health education in 25.8% of the senior high schools in the United States (Kann, Brener, & Allensworth, 2001). However, the 50 states vary widely in the requirements for obtaining that credential. The evidence is clear: regular classroom teachers have a significant influence on the quantity and the quality of health education. In addition, at all levels of education, trusted teachers of any subject may be seen as health resources by students who need information.

How Well are Teachers Prepared in Health?

Teacher licensure or certification (academic and other requirements teachers must meet to get a teaching certificate) is governed by the states, and each state may have different regulations for what teachers need to know to become licensed or certified. A 1999 survey found that only eight states require coursework in health for prospective elementary teachers, and four states require health or physical education coursework; 16 states require elementary teachers to demonstrate competency or knowledge of health. Half of the states require coursework in health for middle school teachers (Marx, 2002, in press).

About half of the teacher training programs in the United States are approved by the National Council for Accreditation of Teacher Education (NCATE). The NCATE recently released new *Program Standards for Elementary Teacher Preparation*, which state (in standard 2g) that teacher education candidates "must know, understand, and use the major concepts in the subject matter of health education to create opportunities for student development and practice of skills that contribute to good health" (NCATE, 2000). This standard can be met in a different way by each teacher education institution. Some institutions require one or more health courses for teacher education students, while others justify using first aid or psychology courses to meet health requirements. It's no surprise that first year elementary school teachers report considerable discomfort when teaching health education (Hausman & Ruzek, 1995).

Lack of teacher preparation has been called "a major obstacle to implementing high-quality school health instruction" (Peterson, Cooper, & Laird, 2001). Inservice training cannot make up for this. For example, a CDC study examining HIV/AIDS education found that in states mandating HIV prevention education, only one-third of teachers attended inservice training on the topic in the past two years (School-based HIV Prevention Education, 1994).

What Hinders Teacher Preparation in Health?

Several factors may account for poor teacher preparation in health:

- *Lack of time in the teacher education curriculum.* The increased demands placed on teacher education programs to produce teachers who are competent in numerous subject areas, as well as proficient in classroom management, technology, and multicultural education, results in fewer hours to devote to subjects seen as less important, such as health.
- *Emphasis on standardized testing.* Teacher education programs must produce teachers who are able to prepare students to take state-mandated standardized tests in math, reading, science, social studies, and several other areas. Subjects like health, for which standardized testing is rare, may be de-emphasized in favor of devoting more time to subjects that are tested.
- *Lack of comfort.* Health education includes many sensitive and controversial topics. Teacher education faculty may find it difficult to overcome their own discomfort with these topics and fail to prepare student teachers adequately to address such topics.

What Should Teachers Know About Health and Health Instruction?

Teachers who will be providing health education need to have *teacher health literacy*. This is defined as, "the capacity... to obtain, interpret, and understand basic health information and services, with the competence to use such information and services in ways that enhance the learning of health concepts and skills by school students" (Peterson et al., 2001).

There is no nationally recognized standard for teacher preparation in health education to achieve health literacy. However, several groups have developed what they believe such a standard should be.

- The Institute of Medicine issued a report in 1997 that recommended substantive preservice preparation in health education content and methodology for all elementary teachers. "This preparation should give elementary generalist teachers strategies for infusing health instruction into the curriculum and prepare upper elementary teachers to lay the groundwork for the intensive middle or junior high health education program" (Allensworth, 1997, p. 142).
- The American Cancer Society convened a conference in 1992 that made two recommendations for PreK-12 teacher preparation: that all teacher preparation programs include content and process courses in health instruction, and that K-6 student teachers in regular and special education be supervised by a health educator or health coordinator when teaching health lessons. The full report is printed in the *Journal of School Health*, January 1993, vol. 63, No. 1.
- The American Association for Health Education (AAHE) has developed *Health Instruction Responsibilities for Elementary (K-6) Classroom Teachers*, and *Responsibilities of Teachers of Young Adolescents in Coordinated School Health Programs for Middle School-Level (Grades 5-9) Classroom Teachers*. AAHE suggests there are five responsibilities and 17 competencies at the elementary level and eight responsibilities and 27 competencies at the middle school level. To access these, visit their web site *www.aahperd.org/aahe/aahe-main.html*.

The competencies in health education that are generally recommended for elementary, middle school, and special education teachers include (Peterson et al., 2001):

- Use the National Health Education Standards. Forty of the 50 states use the National Health Education Standards in curriculum planning (Bennett, Perko, & Herstine, 2000).
- Demonstrate knowledge of community health, consumer health, environmental health, family life, mental and emotional health, injury prevention and safety, nutrition, personal health, disease prevention and control, and alcohol, tobacco, and other drugs.
- Incorporate health concepts into other curricular areas.
- Develop age-appropriate and culturally relevant health lessons.
- Help children develop not only health knowledge but health skills.
- Select and use valid and reliable sources of health information.

These competencies may be met by requiring a separate health course for preservice teachers or by integrating health education into other curricular areas in the teacher education program (Pateman, 2002; in press). For example, a children's literature course might include readings from books dealing with specific diseases, death, and customs. A math methods course might teach math concepts using health data from federal health databases.

Conclusion

Some type of health education, or "hygiene," has been a part of American public education for over 100 years. Regular classroom teachers are the backbone of school health instruction, particularly at the elementary level. Thus, colleges and universities can directly impact the quality of health instruction in our public schools by addressing key standards for health education and incorporating important health concepts into their teacher preparation curriculum.

References

References identified with an EJ or ED number have been abstracted and are in the ERIC database. Journal articles (EJ) should be available at most research libraries; most documents (ED) are available in microfiche collections at more than 900 locations. Documents can also be ordered through the ERIC Document Reproduction Service: (800) 443-ERIC.

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Additional Resources

The Division of Adolescent and School Health (DASH) of the Centers for Disease Control and Prevention (CDC) has numerous publications on school health. Their web address is *www.cdc.gov/nccdphp/dash/index.htm*. CDC also publishes Programs that Work at *www.cdc.gov/nccdphp/dash/rtc/hiv-curric.htm*

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